## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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23373

CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                                                                                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 |                        |                   | _                               |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|---------------------------------|-------------------------------------------------------------------------------------------|
| APPLICATION N                                                                                                                                                                                                                                                                       | IO. FILIN                             | NG DATE FIRST NAMED IN                                |           | TENTOR ATTORNEY D                                                                                                                                               |                        | OCKET NO.         | CONFIRMATION NO.                |                                                                                           |
| 10/562,004 08/                                                                                                                                                                                                                                                                      |                                       | /2006 Paul A. CAI                                     |           | N                                                                                                                                                               | Q92367                 |                   | 1102                            |                                                                                           |
|                                                                                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| TITLE OF INVENTION: RECTIFYING DIODES WITH SELF-ALIGNED ELECTRODES                                                                                                                                                                                                                  |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| APPLN. TYPE                                                                                                                                                                                                                                                                         | SMALL                                 | l l                                                   |           | ON PREV.                                                                                                                                                        | PAID ISSUE FEE         | TOTAL FEE         | (S) DATE DUE                    |                                                                                           |
|                                                                                                                                                                                                                                                                                     | ENTITY                                |                                                       | FEE       |                                                                                                                                                                 |                        | DUE               |                                 |                                                                                           |
| nonprovisional                                                                                                                                                                                                                                                                      | NO                                    | \$1510.00                                             | \$300.00  |                                                                                                                                                                 | \$0.00                 | \$1,810.00        | 11/27/2009                      |                                                                                           |
| EXAMINER                                                                                                                                                                                                                                                                            |                                       |                                                       | ART UNI   | ART UNIT CLASS-SUBCLAS                                                                                                                                          |                        |                   |                                 |                                                                                           |
| Wesing W. Kuo 2826 257-67                                                                                                                                                                                                                                                           |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363   2. For printing or                                                                                                                                                                               |                                       |                                                       |           |                                                                                                                                                                 |                        | age list 1        | Sughrue Mion, PLLC              |                                                                                           |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                  |                                       |                                                       |           | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2                                                                             |                        |                   |                                 |                                                                                           |
| ☐ "Fee Address" indic                                                                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · · | (2) the name of a single firm (having as a            |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required.                                                                                                                                                                                                               |                                       |                                                       |           | names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be                                                                   |                        |                   |                                 |                                                                                           |
|                                                                                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 | printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| PLASTIC LOGIC LIMITED Cambridge, GREAT BRITAIN                                                                                                                                                                                                                                      |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
|                                                                                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗀 Government                                                                                                             |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| 4a. The following fee(s) are submitted:                                                                                                                                                                                                                                             |                                       |                                                       |           | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)                                                                         |                        |                   |                                 |                                                                                           |
| ☑ Issue Fee                                                                                                                                                                                                                                                                         |                                       |                                                       | ☐ A check | ☐ A check is enclosed.                                                                                                                                          |                        |                   |                                 |                                                                                           |
| ☑ Publication Fee (No                                                                                                                                                                                                                                                               | ☐ Payment                             | ☐ Payment by credit card. Form 1310-2038 is attached. |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| ☐ Advance Order - # of Copies                                                                                                                                                                                                                                                       |                                       |                                                       |           | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.                |                        |                   |                                 |                                                                                           |
|                                                                                                                                                                                                                                                                                     |                                       |                                                       |           | ☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. |                        |                   |                                 |                                                                                           |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                             | tus (from status indi                 | cated above)                                          |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                        |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.                                                                                                        |                                       |                                                       |           |                                                                                                                                                                 |                        |                   |                                 |                                                                                           |
| NOTE: The Issue Fee a party in interest as show                                                                                                                                                                                                                                     |                                       |                                                       |           |                                                                                                                                                                 | the applicant; a regis | tered attorney or | agent; or the assignee or other |                                                                                           |
| Authorized Signature                                                                                                                                                                                                                                                                |                                       | /Alan J. Kasper/                                      |           | Date                                                                                                                                                            |                        | Novembe           | November 24, 2009               |                                                                                           |
| Typed or Printed Name                                                                                                                                                                                                                                                               |                                       | Alan J. Kasper                                        |           | Registration N                                                                                                                                                  | o.                     | 25,426            |                                 |                                                                                           |